



Community Health Worker (CHW) Certification Application for Experienced CHWs

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Certification Application for Experienced CHWs

Certification Introduction



About CHW Certification in Maryland

- 2018 Community Health Worker Act (Health-General §§ 13-3701 3709)
 - State Community Health Worker Advisory Committee
 - Certification of community health workers (CHW)
 - Accreditation of community health worker training programs
- Certification for experienced CHWs in Maryland (formerly known as grandparenting)
 - Application period: September 1, 2019 March 31, 2020
- Certification is voluntary and free of charge



Community Health Worker - definition

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of, or has an unusually close understanding of the community served.

This trusting relationship enables a CHW to serve as a **liaison to, link to, or intermediary between health and social services and the community** to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also **builds individual and community capacity** by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, the provision of information to support individuals in the community, social support, and advocacy.



Community Health Worker – many job titles

Community health workers go by many titles including:

- promotores(as) de salud
- health coach
- community health advisor
- community health coach
- lay health advocate
- family advocate
- community health care worker

- health educator
- liaison
- promoter
- outreach worker
- peer counselor
- patient navigator
- health interpreter
- public health aide

- community health representative
- community health outreach worker
- outreach specialist
- and more



Maryland CHW Core Competencies

<u>Maryland CHW Core Competencies Document</u>: https://pophealth.health.maryland.gov/Community-Health-Workers/Documents/Maryland-CHW-Core-Competencies.pdf

- 1. Advocacy and community capacity building skills
- 2. Effective oral and written communication skills
- 3. Cultural competency
- 4. Understanding of ethics and confidentiality issues
- 5. Knowledge of local resources and system navigation
- 6. Care coordination skills
- 7. Teaching skills to promote health behavior change
- 8. Outreach methods and strategies
- 9. Understanding of public health concepts and health literacy



Eligibility for Certification for Experienced CHWs

- ✓ Occupied as a CHW on October 1, 2018
- √ 18 years of age or older
- ✓ At least 2,000 hours of CHW paid or volunteer experience:
 - 5 years prior to October 1, 2018 or
 - 5 years prior to the application date
- ✓ Proficiency in the <u>nine Maryland CHW core competencies</u>



Certification Application for Experienced CHWs

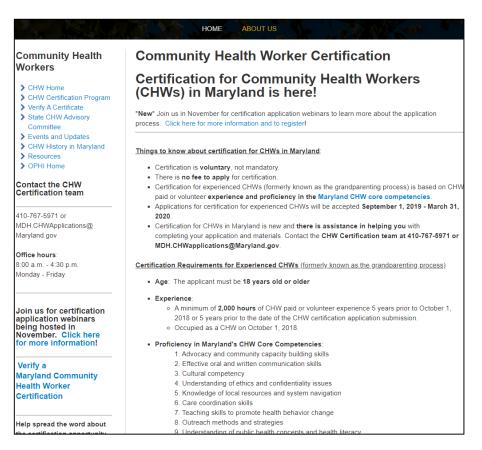
Certification Website and Documents



First! Visit the CHW Certification Webpage

CHW certification webpage:

https://pophealth.health.maryland.gov/Community-Health-Workers/Pages/Certification-Program.aspx



- Read all website content
- Download or print the materials
- Read each document before proceeding
- Prepare all required materials and forms



Important Application Documents and Resources

- ✓ CHW Certification for Experienced CHWs Application Instructions
- ✓ Maryland Community Health Worker Core Competencies
- ✓ <u>Letter of Validation Form</u>
- ✓ Frequently Asked Questions
- ✓ <u>Annotated Code of Maryland, Health-General Article, Title 13, Subtitle</u> 37 - The 2018 Maryland Community Health Worker Act

Calculating Hours of Experience

<u>Eligibility Requirement</u>: The completion of a minimum of 2,000 hours of CHW paid or volunteer experience 5 years prior to October 1, 2018 or 5 years prior to the application date.

Example: Shawn is completing his certification application on November 1, 2019. Shawn can calculate his hours of CHW experience in two ways:

- 1. 5 years prior to October 1, 2018: October 1, 2013 October 1, 2018
- 2. 5 years prior to his application date: November 1, 2014 November 1, 2019

Important tip: 2,000 hours is approximately 1 year of full-time work.



Required Documents for a Complete Application

- Three documents are required to be uploaded to the application:
 - **Document 1:** Form of age verification
 - **Documents 2 & 3:** Two <u>letter of validation forms</u> (required MDH form)

<u>Important tip</u>: All 3 documents must be included in your application submission for your application to be considered complete and to be reviewed.



Required Document 1: Form of Age Verification

• Forms of age verification can include a municipal identification card, driver's license, birth certificate, military ID, state ID, passport, employment authorization card, permanent resident card, community identification card, other. (Note: Non-U.S. government-issued documents are acceptable forms of age verification.)



<u>Important tip</u>: If the first and last name on the form of age verification does not exactly match the applicant's name on the application, a proof of name change or proof of name must also be submitted.



Important tip: The letter of validation is a specific form required by the Maryland Department of Health. No other letters, forms, or documentation will be accepted in the review of your application.

<u>Common issues</u>: Letter of validation submitted in multiple pieces/files, missing information, only one letter of validation form submitted.

S	Section 2: Proficiency in CHW Core Competencies					
f c c	Instructions for Applicant: Refer to Maryland Community Health Worker Core Competencies for more information on the core competencies. Briefly describe how, through your CHW paid or volunteer experience, you have demonstrated your knowledge and skills of each core competency. Examples may include a description of your job duties, roles, responsibilities, experiences or specific projects related to your CHW experience. You must sign and date your entries for this section.					
C	Core Competencies					
1. Advocacy and community capacity building skills Briefly Describe						
	t. Effective oral and written communication skills Briefly Describe					

Section 1: Applicant Information



- **TWO** letter of validation forms (required MDH form) are to be uploaded to the application.
- The letter of validation form is a pdf fillable form. **To save the form**:
 - Open the <u>letter of validation form</u> and save it to your computer



- Close the original view
- Open the saved letter of validation to enter information

<u>Download the letter of validation form</u>: https://pophealth.health.maryland.gov/Community-Health-Workers/Documents/Grandparenting-Letter-of-Validation-Form.pdf

The Letter of Validation Form has a cover sheet.



https://pophealth.health.maryland.gov/Community-Health-Workers/Documents/Grandparenting-Letter-of-Validation-Form.pdf



Community Health Worker (CHW) Certification Application for Experienced CHWs (formerly known as grandparenting) Letter of Validation

Overview

The Maryland Department of Health will accept applications for Community Health Worker (CHW) certification for experienced CHWs (formerly known as the grandparenting process) from September 1, 2019 through March 31, 2020. The certification process for experienced CHWs considers an individual's previous CHW paid or volunteer experience and their demonstrated knowledge of the Maryland CHW core competencies.¹

Community health workers go by many titles, idepending on where they work, who they work for and what they do. Common titles include community health representative, community health outreach worker, outreach specialist, patient navigator, lay health advisor, health coach, community health coach, lay health advocate, family advocate, community health care worker, health educator, liaison, promoter, outreach worker, promotores de salud, peer counselor, health interpreter, public health aide, and more.

This Letter of Validation is one component of a CHW Certification Application. Two Letters of Validation are required for a complete application. The Letter of Validation has 6 sections.

- . Sections 1, 2, 3 are to be completed and signed by the CHW applicant.
- Sections 4, 5, 6 are to be completed and signed by the CHW applicant's current or former employer, supervisor, or agency representative. A signature in Section 6 indicates validation of the information in all sections of the Letter of Validation.

Before you begin:

- Review the <u>Maryland Community Health Worker Core Competencies¹ document for more information about CHWs and the nine Maryland CHW core competencies.</u>
- Read more about the <u>Maryland CHW Certification process</u>².

Direct questions to the Maryland Community Health Worker Certification team by email, MDH.CHWApplications@Maryland.gov, or by phone, 410-767-5971.



Sections 1, 2, and 3 are to be completed by the applicant

- Section 1: Name
- Section 2: Applicant describes proficiency in each core competencies based on their work experience

<u>Important tip</u>: Reference the <u>Maryland Community Health Worker Core Competencies</u> document for guidance.

Section 3: Applicant lists position title, dates of experience and total hours of experience.



Applicant Last Name Applicant Last Name



Section 2: Proficiency in CHW Core Competencies 4. Understanding of ethics and confidentiality issues **Briefly Describe** Core Competencies 1. Advocacy and community capacity building skills **Briefly Describe** 5. Knowledge of local resources and system navigation Briefly Describe 6. Care coordination skills **Briefly Describe** 2. Effective oral and written communication skills **Briefly Describe** 7. Teaching skills to promote health behavior change **Briefly Describe** 3. Cultural competency Briefly Describe 8. Outreach methods and strategies **Briefly Describe** 9. Understanding of public health concepts and health literacy **Briefly Describe**



Section 3: Community Health Worker Paid or Volunteer Experience									
Position Type Paid Employee Volunteer									
Job Title									
Dates of Experience: CHW experience must have taken place either 5 years before October 1, 2018 (between October 1, 2013 and October 1, 2018) OR 5 years prior to the date of the application submission.									
Start Date End Date									
If current position leave end date blank.									
Total Hours of Experience for Listed Dates									
Check this box if you have more than one CHW paid or volunteer experience with this organization. Attach a separate document to note the position type, job title, dates of experience, and total hours of experience for the listed dates.									
Applicant Signature (type or sign)									
Applicant Printed First and Last Name									
Date									

Applicant: Be sure to include your dates of experience and total hours of experience for the listed dates!



When Sections 1, 2, and 3 are complete:

- the applicant saves the letter of validation to their computer
- the applicant emails the letter of validation form to their current or former CHW employer, supervisor or agency representative (the validator).

Important Tip: It is important that the validator have Sections 1,2, and 3 before completing their portion of the letter of validation!



Sections 4, 5, and 6 are to be completed by a current or former CHW employer, supervisor, or agency representative (the validator)

The validator will:

- Provide their contact information
- Validate the applicant's proficiency in core competencies
- Validate the applicant's hours of experience for the listed dates
- Recommend the applicant for certification

<u>Important Tip</u>: It is important that the validator have Sections 1, 2, and 3 <u>before</u> completing their portion of the letter of validation!

Section 4: Current or Former Employer, Supervisor, or Agency Representative Contact Information								
Contact information for current or former employer, supervisor, or agency representative.								
First Name			Last Name					
Title								
Name of Organization								
Organization Address								
Email			Phone					
Select the best option: I am a current or former employer								
I am a current or former supervisor								
I am	I am a current or former agency representative							



Section 5: Validation of Proficiency in Core Competencies

1. Advocacy and community capacity building skills 2. Effective oral and written communication skills 3. Cultural competency 4. Understanding of ethics and confidentiality issues 5. Knowledge of local resources and system		•	
 Effective oral and written communication skills Cultural competency Understanding of ethics and confidentiality issues Knowledge of local resources and system 	Validate	Unable to Validate	Not Applicable
Cultural competency Understanding of ethics and confidentiality issues Knowledge of local resources and system			
Understanding of ethics and confidentiality issues Knowledge of local resources and system			
5. Knowledge of local resources and system			
-			
navigation			
6. Care coordination skills			
7. Teaching skills to promote health behavior change			
8. Outreach methods and strategies			
9. Understanding of public health concepts and health literacy			



Section 6: Recommendation, Validation, and Signature								
Your signature below validates the information entered in all sections of this								
document. I recommend [Enter Name of Applicant	for CHW certification: Yes No							
I attest that I have given true, accurate, and complete information on this form to the best of my knowledge and understand that any false information or omissions may affect this applicant's eligibility for CHW certification.								
Signature (type or sign)								
Printed Name								
Date								



After Sections 4, 5, and 6 are completed:

- The validator emails the complete letter of validation form back to the applicant
- The applicant is now ready to upload the complete form, with all 6 sections, to their application
- Two letter of validation forms are required for a complete application



Ready to Apply?

Click APPLY HERE FOR CHW
CERTIFICATION! at the bottom
of the MDH CHW webpage



The online application portal is now open! The online application functions best when using Chrome, Firefox, or Safari browsers.



APPLY HERE FOR CHW CERTIFICATION!

* **NOTE**: Please be sure that the name, birth date, and dates of employment are the same on all documents as well as your application.

Once your complete application has been submitted, please allow up to 90 days for processing.

Contact the CHW Certification Team at MDH.CHWApplications@Maryland.gov or 410-767-5971.

CHW certification webpage: https://pophealth.health.maryland.gov/Community-Health-Workers/Pages/Certification-Program.aspx



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Certification Application



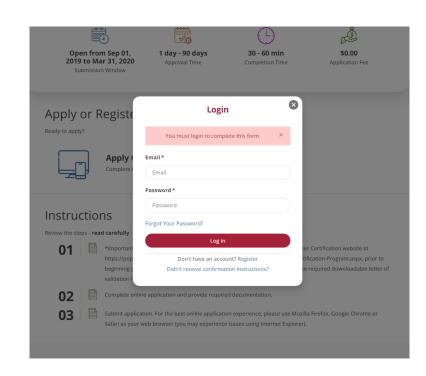
Register in Maryland OneStop – Application Portal





Login to Maryland OneStop - Application Portal





Apply or Register

Ready to apply?



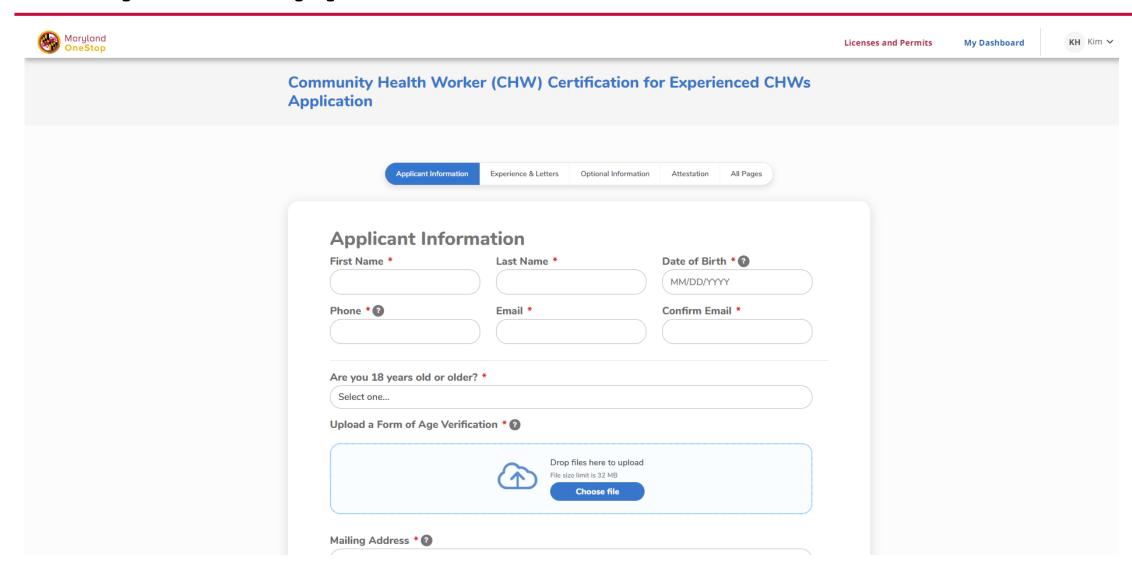
Apply Online
Complete the form







Complete Application Information



Double Check, Attestation, Sign, and Submit Application

- Read through and double check all entered information for accuracy
- Ensure all required documents are uploaded
- Read the attestation and sign the application
- Click the green "Submit" button



Important tip: You can save your application, in progress, and come back to it at any time.



Application Review

- Look for an "Additional Information is Needed" email. If the application review team determines additional information is necessary, a notice will be sent to the email address provided.
- Applicant will gather information, return to application, upload the additional information, and resubmit the application.

<u>Important tip</u>: If you have questions about the request, please contact us at <u>MDH.CHWApplications@Maryland.gov</u> or 410-767-5971.

<u>Common requests for information</u>: Name verification, incomplete letter of validation forms (hours missing, Sections 1-6 not connected, missing letter of validation forms)



Hello

You are requested to provide additional information for this application. Please provide the information below within 120 calendar days. After 120 calendar days, the application may be closed or denied. Thank you.

Instructions

Thank you for submitting your application. This application requires a minimum of two Letters of Validation signed by two different current or former CHW employer, supervisor, or agency representative. It looks like the same validation was uploaded twice. You may use the information you submitted for Sections 1, 2, and 3 for the second letter. Please ask different supervisor, employer, or agency representative to complete Sections 4, 5, and 6. Both validators can be from the same agency. Once you have obtained the second Letter of Validation sign in to your account and upload the document. Thank you!

If you have any questions, please contact the CHW Certification team by email at MDH.CHWApplications@Maryland.gov or call 410-767-5971.

View Submission



Approved Application

Congratulations! You are a Certified Community Health Worker!

- Applicant receives an email from <u>MDH.CHWApplications@Maryland.gov</u> after an application has been reviewed and approved
- The certificate will be attached to the email
 - The certificate includes the certification number, date of issuance, and date of expiration
- Go to the Maryland Department of Health CHW Homepage and click on Verify a Certificate to see the current list of issued certificates.



After a Certificate is Issued

- Certificates are effective for 2 years from the date issued
- Certificates authorize the individual to represent themselves to the public as a certified community health worker (CCHW) for the dates listed on the certificate
- Three months before renewal date, the CCHW will receive a renewal notice
- Renewal requirements
 - Renewal application
 - Completion of 20 hours of a broad range of professional development activities
- Be sure to notify the Department if any of your contact information changes

We are here to help!

Maryland CHW Certification Team

E-mail us: MDH.CHWApplications@Maryland.gov

Call us: 410-767-5971



Questions & Follow-Up

Submit through chat function

Phone lines open

Email us at MDH.CHWApplications@Maryland.gov

Call us at 410-767-5971

